FAMILY & FAMILY GROUP LICENSE ANNOUNCED INSPECTION

Date: _____

Name: _____ Phone Number: ____

Add	lress:			Capacity:
√	LEVEL	R430-90-	KEY WORDS	NOTES
	1	430-3-9(1)(e)	allow access to facility to ascertain rule compliance	
			PARENT AREA - OBSERVA	TION
	1,2	8(4)	attendance record	
	2,3	19(5)(b)	approved menu	
	2,3	19(5)	meals and snacks every 3 hours	
	3	19(5)(a)	current week's menu posted with substitutions	
	3	19(5)(c)	different menu each day menus may be cycled	
	3	430-2-10(2)	post license	
	3	430-2-9(1)	license reflects changes	
	3	430-2-4(6)	no foster care license	
			CHILDREN'S INDOOR AREA - OB	SERVATION
	1	5(3)	care giver on-site care and supervision of children	
	1	5(3)(a)	awareness of activities near enough to intervene	
	1,2,3	9(1)	TABLE 1 Family Minimum Care Giver to Child Ratios Ratios Mixed ages 1:8 No more than 2 under age 2 1:6 No more than 3 under age 2 TABLE 2 Family Group Minimum Care giver to Child Ratios Ratios Mixed ages 1:12 All school-aged with maximum of 16 2:9-16 No more than 4 under age 2 with maximum of 20	
	1,2,3	9(1)(b)	2 care givers in FG when more than 8 children or more than 2 infants	

√	LEVEL	R430-90-	KEY WORDS	NOTES
	1,2,3	9(1)(c)	maximum group size	
	1,2.3	430-2-4(4)(c)	maximum capacity	
	1	15(4)	firearms or other weapons	
	1	15(7)	fireplaces, open-face heaters, wood burning stoves, portable space heaters	
	1	15(10)	lighters, matches	
	1,2	15(10)	sharp objects, medicines	
	1,2	12(2)	35 square feet per child	
	1	15(1)	maintain spaces, toys, equipment:insecticidespesticidesflammable liquids (gasoline, kerdbleachhousehold cleanersnail polish removerrubbing alcoholsharp objectsbroken toysempty plastic bags	osene, paint thinner, motor oil, turpentine)
	1,2,3	17(6)	equipment, fixtures, and furnishings safe and in good repair	
	1,2	15(13)	lead-based paint	
	2	15(10)	poisonous plants	
	2	15(2)	appropriate infant and toddler toys	
	2	15(12)	strings and cords	
	2	15(14)	no walkers with wheels	
	2	16(4)	two exits leading to an open space at ground level	
	2	16(4)	basement - at least one exit at ground level	
	2	16(4)	fire extinguishers and smoke detectors	
	2,3	17(1)	insects, rodents, vermin	
	2,3	17(2)	adequate housekeeping	
	2,3	17(4)	temperature 72-85 degrees infants - 70 degrees at floor level	

√	LEVEL	R430-90-	KEY WORDS	NOTES
	2	15(5)	electrical outlets	
	2	12(1)	sufficient supplies	
	CI	HILDREN'S IN	DOOR AREA - POTENTIAL QUEST	TIONS THAT MAY BE ASKED
	1	5(3)(b)	How often do you check on sleeping children?	
	1	9(1)(a)	Which of your own children are included in ratios?	
	2	14(5)	How often do you clean and sanitize equipment and toys?	
	2	14(5)(a)	Are your stuffed animals machine washable? How often are they washed?	
	2	14(5)(b)	How often are infant toys cleaned and sanitized?	
			DIAPERING AREA - OBSERV	YATION
	1	14(2)(b)	not in food area	
	2,3	14(2)(a)	diapering surface clean, smooth, washable, non-absorbent	
	2,3	14(2)(c)	lined container with lid or diapers taken outside	
		DIAPERIN	G AREA -POTENTIAL QUESTIONS	THAT MAY BE ASKED
	1	14(2)(a)	How often do you sanitize the diapering surface?	
	3	14(2)(c)	How often do you clean and sanitize the inside of the diaper container?	
		SLEEP A	AREA - POTENTIAL QUESTIONS T	HAT MAY BE ASKED
	1	15(15)	Where do infants sleep? How do you lay an infant down to sleep?	
	2	17(5)	How often do you clean and sanitize children's sleeping equipment?	
			BATHROOM - OBSERVAT	TION
	1,2	15(11)	hot water not over 120 degrees	

√	LEVEL	R430-90-	KEY WORDS	NOTES
	3	14(7)	single-use paper towels or individually labeled cloth towels washed daily	
		BATHR	OOM - POTENTIAL QUESTION TH	IAT MAY BE ASKED
	3	14(7)	If individually labeled cloth towels are used, how often are they washed?	
	•	FIRST AID	KIT & BODILY FLUIDS CLEAN-U	P KIT - OBSERVATION
	2,3	14(1)(a)	portable blood and bodily fluid clean-up kit	
	3	16(6)	first-aid kit	
	3	14(1)(c)	latex gloves	
	FIRST AI	D KIT AND BO	DILY FLUIDS CLEAN-UP KIT - PO ASKED	TENTIAL QUESTION THAT MAY BE
	2	14(1)(b)	Where is the bodily fluids clean- up kit? When and how do you use the kit?	
			KITCHEN - OBSERVATION	ON
	1	15(3)	high chair safety straps	
	3	19(2)(c)	baby food refrigerated after opening, marked with date and time of opening	
	3	19(2)(b)	label food brought by parents for individual child	
		KITCH	EN - POTENTIAL QUESTIONS TH	AT MAY BE ASKED
	3	19(4)	On what do you serve children's food?	
	3	19(2)(c)	How long do you keep baby food that has been opened and not consumed?	
	3	19(2)(a)	Do parents bring in food for all of the children? Is this food homemade or commercially prepared?	
	3	19(2)(d)	How long do you keep formula and breast milk after a feeding or initiating a feeding?	

√	LEVEL	R430-90-	KEY WORDS	NOTES
			TELEPHONE - OBSERVAT	TION
	1	16(5)	working order	
	2	16(5)	post emergency numbers	
		TELEPH	ONE - POTENTIAL QUESTION TH	HAT MAY BE ASKED
	2	16(5)	How do you keep Licensing informed of you current phone number?	
			CHEMICALS - OBSERVAT	TION
	1	15(6)	stored away from children in original container or labeled container	
			MEDICATIONS - OBSERVA	TION
	1,2	10(6)(f)	secured from children	
	1,2	10(6)(g)	storage of refrigerated medications	
	1	10(6)(b)	original or pharmacy container, original label, written instructions	
	2	10(6)(b)	child's name, child proof cap,	
	2	10(6)(c)	medication release form:	
	2	10(6)(c)(i)	name of medication	
	2	10(6)(c)(ii)	dosage	
	2	10(6)(c)(iii)	route of administration	
	2	10(6)(c)(iv)	times and dates to be administered	
	2	10(6)(c)(v)	illness or condition	
	2	10(6)(c)(vi)	parent signature	
	3	10(6)(d)	medication record:	
	3	10(6)(d)(i)	time, date, and dosage	
	3	10(6)(d)(ii)	signature or initials of care giver who administered medication	
	3	10(6)(d)(iii)	errors in administration or adverse reactions	
	3	10(6)(h)	return unused or out-of-date medications	

√	LEVEL	R430-90-	KEY WORDS	NOTES
		MEDICA	TION - POTENTIAL QUESTIONS T	THAT MAY BE ASKED
	1	10(6)(e)	What would you do in the event of an adverse reaction to a medication or an error in a medication's administration?	
	1,3	10(6)(a)	Who is designated to administer medication?	
	1	10(6)(a)(i)	Does that designated person: check labels for the child's name?	
	1	10(6)(a)(ii)	read directions concerning doses, frequency, expiration date, and administration guidelines?	
	3	10(6)(a)(iii)	properly document administration of medications?	
			ANIMALS - OBSERVATIO	ON
	1	18(1)(c)	not dangerous or aggressive	
	1,3	18(1)(a)	clean and in good health	
		ANIMA	LS - POTENTIAL QUESTIONS THA	AT MAY BE ASKED
	2	18(3)	How are parents informed of animals in your home?	
	2	18(4)	Do children handle reptiles?	
	3	18(2)	Who is responsible for the cleaning of animals, cages, pens or equipment? Where does this cleaning take place?	
			OUTSIDE AREA - OBSERVA	TION
	1	15(8)	equipment on soft material or grass	
	1	15(9)	water hazards	
	1,2,3	12(3)	40 square feet per child	
	1	12(3)(a)	gaps no more than 3 ½ inches	
	1,2	12(3)(a)	four feet high fence	

√	LEVEL	R430-90-	KEY WORDS NOTES						
	1	15(1)	bleach household cleaners nail polish remover rubbing alcohol sharp objects - sharp tools, mach edge or blade or point that could ends, broken glass, barbed wire, window wells, fire pits or other h refrigerators or freezers that child welding torches empty plastic bags large enough motor vehicles up on blocks wood with splinters animal waste - not isolated bird of exposed live electrical wire indoor (thin) electrical extension rope, wire, or other strangulation neck hanging ropes or cords not attach unstably stacked wood piles unstable unanchored heavy equip rotting garbage not in a container poison ivy or oak, stinging nettle beehives, yellow jacket or horner dead animals filled milk or slop buckets unattended running vehicles or file standing ladders	ine or farm equipment with exposed sharp puncture skin, boards with exposed nail broken toys with sharp or pointed edges noles more than 24" deep without a cover dren can get inside of for a child's head to fit inside droppings cords not in use hazards long enough to encircle a child's need to a swing ment r with a lid o, oleander, mushrooms, toadstools t nests, red ant hills rom equipment oken or has loose or missing parts					
<u> </u>	1,2	17(3)	entrances, exits, steps, walkways						
	2,3	12(3)(b)	shaded area						

√	LEVEL	R430-90-	KEY WORDS	NOTES						
	OUTSIDE AREA - POTENTIAL QUESTION THAT MAY BE ASKED									
	1,2	12(3)(b)	How do ensure that children have access to drinking water?							
			VEHICLE - OBSERVATION	ON						
	1	13(2)(b)	safety restraints							
	2	13(2)(c)	enclosed							
	3	13(2)(a)	first-aid and body fluid clean-up kits							
	3	13(1)	clean and safe							
		VEHIC	LE - POTENTIAL QUESTIONS TH	AT MAY BE ASKED						
	1	13(3)	Is smoking allowed while transporting children?							
	1	13(5)	If you must leave the vehicle, what do you do?							
	2	13(2)(d)	Are doors locked or unlocked during transport?							

V	LEVEL	R430-90-	KEY WORDS		NO	ΓES	
			CARE GIVER RECORD	S			
Но	usehold me	mbers over 12:		1	2	3	4
	1	430-6(5)(3)	cleared BCIs				
	3	8(3)(a)	documentation of cleared BCIs				
	3	8(3)(b)	initial health evaluations				
	3	8(3)(b)	results of TB screening				
	3	8(3)(d)	First Aid and CPR				
	3	6(1)	documentation of orientation training				
	3	6(6)	20 hrs of annual training 10 hrs person-to-person				
	3	6(7)	annual training records:				
	3	6(7)(a)	training date				
	3	6(7)(b)	training topic				
	3	6(7)(c)	trainer's name and organization				
	3	13(1)	current vehicle registration insurance for child care transportation safety inspection				
	3	13(4)	current driver's license				
CA	RE GIVER	R REQUIREME!	NTS AND TRAINING - POTENTIAL FURTHER CLARIFICATION IS		ONS THAT	MAY BE A	SKED IF
	1	430-6-5(3)	Did you submit BCIs for everyone in the home who is 12 or older? Has anyone moved into your home or turned 12 since your last inspection. If so, have you submitted a BCI?				
	2	6(3)	Do care givers left alone with children have current First Aid and CPR?				

√	LEVEL	R430-90-	KEY WORDS	NOTES
	2,3	6(1)	Have care givers who have direct contact with children completed orientation training including:	
	2	6(1)(a)	procedures for health and safety & handling emergencies & accidents?	
	2	6(1)(c)	discipline procedures?	
	2	6(1)(d)	reporting abuse, neglect?	
	2	6(1)(e)	releasing children?	
	3	6(1)(b)	job responsibilities?	
	2	6(4)	Does annual training for all care givers include:	
	2	6(4)(a)	hand washing/sanitation?	
	2	6(4)(b)	good nutrition?	
	2	6(4)(c)	administration of medications?	
	2	6(4)(d)	exclusion for illness?	
	2	6(4)(e)	accident prevention?	
	2	6(4)(f)	positive guidance?	
	2	6(4)(g)	child development?	
	2	6(4)(h)	age appropriate activities?	
	2	6(5)	If infants or toddlers are in care, does the annual training include:	
	2	6(5)(a)	preventing Shaken Baby?	
	2	6(5)(b)	coping with crying babies?	
	2	6(5)(c)	preventing SIDS?	
	3	6(8)	Have all care givers received a TB screening?	

√	LEVEL	R430-90-	KEY WORDS				NO	TES			
			CHILDREN'S RECORD	S							
21 41	5 all	missing 15 1 93% 2 87% 3 80% 4 73% 5 67% 6 60%	PERCENTAGES 12	1	2	3	4	5	6	7	8
			Child's date of birth								
	2	8(1)	admission agreement:								
	2	8(1)(a)	child's full name/nickname								
	2	8(1)(b)	parent's name, address, phone								
	2	8(1)(c)	name, address, phone # of emergency people								
	2	8(1)(d)	name, address, phone # of doctor and dentist								
	3	10(1)	proof of immunizations								
	3	10(4)	health history:								
	3	10(4)(a)	allergies and sensitivities								
	3	10(4)(b)	illness, disability, condition								
	3	10(4)(c)	routine care								
	3	10(4)(d)	emergency care								
	3	10(5)	annually review and update of child's health history								
	3	8(2)(c)	injury, accident, incident reports								

√L	EVEL	R430-90-	KEY WORDS				NO'	TES			
			CHILDREN'S RECORD	S							
Total # 1-6 7-12 13-20 21-40 41-60 61-80+	SAMPLE Review all 6 8 10 12	missing 15 1 93% 2 87% 3 80% 4 73% 5 67% 6 60%	PERCENTAGES 12 10 8 6 92% 90% 88% 83% 83% 80% 75% 67% 75% 70% 63% 50% 67% 60% 50% 33% 58% 50% 38% 16% 50% 40% 25% 0%	9	10	11	12	13	14	15	16
			Child's date of birth								
2		8(1)	admission agreement:								
2		8(1)(a)	child's full name/nickname								
2		8(1)(b)	parent's name, address, phone								
2		8(1)(c)	name, address, phone # of emergency people								
2		8(1)(d)	name, address, phone # of doctor and dentist								
3		10(1)	proof of immunizations								
3		10(4)	health history:								
3		10(4)(a)	allergies and sensitivities								
3		10(4)(b)	illness, disability, condition								
3		10(4)(c)	routine care								
3	_	10(4)(d)	emergency care								
3		10(5)	annually review and update of child's health history								
3		8(2)(c)	injury, accident, incident reports								

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√	LEVEL	R430-90-	KEY WORDS	NOTES		
	OTHER RECORDS					
	1	430-6(5)(1)	renewal BCI clearances			
	1	18(1)(b)	current rabies record			
	1,2,3	16(1)	emergency and disaster plan			
	1,2.3	16(3)	fire and disaster drills			
	2	11(4)	use and accessibility of tobacco, alcohol, illegal substances, sexually explicit materials			
	3	430-3-14(5)	copies of approved variances			

√	LEVEL	R430-90-	KEY WORDS	NOTES	
	POTENTIAL QUESTIONS THAT MAY BE ASKED				
	1	430-6-4(1)	Have you had to use an emergency caregiver who did not have a BCI clearance? If so, did you obtain a written and signed statement attesting that person has not been convicted or a felony or misdemeanor or have s supported finding with DHS?		
	1	430-6-4(2)	Have you had to use an emergency caregiver who did not have a BCI clearance? If so, did that person count in ratios?		
	1	430-6-4(3)	Have you had to use an emergency caregiver who did not have a BCI clearance? If so, how did you ensure that person had minimum contact with the children?		
	1	430-6-6(7)	Have you or any covered individuals been arrested, charged or convicted or a crime?		
	1	7(3)	What type of discipline cannot be used?		
	1	7(3)(a)	corporal punishment		
	1	7(3)(b)	restraint by binding or tying		
	1	7(3)(c)	abusive demeaning or profane language		
	1	7(3)(d)	force or withdrawing food, rest or bathroom		
	1	7(3)(e)	confining a child in a locked room		
	1,2	11(1)	What is your procedure for checking the authorization of people picking up the children?		
	1	12(5)	Do you take the children swimming? If so, do you stay with the children? Do you count pool personnel in ratios?		
	1,2,3	14(6)	When and how do you wash your hands and the children's hands?		

√	LEVEL	R430-90-	KEY WORDS	NOTES
	1,2,3	16(2)	What is your emergency plan for a missing child or a death or a serious injury to a child?	
	2	5(4)	Are children in care allowed to go to a neighbor's home or other off-site activities? If yes, how do you obtain parental permission and how do you ensure the child's whereabouts and supervision?	
	2	19(7)	How do you feed an infant who can not yet sit up and hold his own bottle?	
	2	5(5)	What is the minimum age for your substitute care givers?	
	2	6(2)	What are your minimum care givers qualifications?	
	2	10(2)	What is your practice when a child becomes ill while in your care?	
	2	10(3)	How do you handle communicable illnesses?	
	2	11(2)	Is your home accessible and open to parents of children in care?	
	2	12(6)	What is the longest time you can confine an awake infant in a piece of equipment?	
	2	19(6)	Are any children on special diets, formula, breast milk, or food supplements? How do you handle this?	
	2	5(1)(a)	Are you at least 18 years old?	
	2	5(1)(b)	Do you have HS diploma or GED?	
	2	5(1)(c)	Do you know applicable laws and rules?	
	3	5(2)	What are your policies and procedures for the health and safety of your children in care?	

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√	LEVEL	R430-90-	KEY WORDS	NOTES
	3	11(6)	How do you notify Licensing if you need to activate emergency treatment providers? if you have a fatality? if a child in care requires hospitalization?	
	3	12(4)	How do you obtain parental permission for off-site activities? How do you take emergency phone numbers with you?	
	3	14(3)	How do you handle clothing that becomes soiled by fecal material or urine?	
	3	14(4)	How do you ensure that personal hygiene items are not shared?	
	3	7(1)	Do you have rules of conduct for children and parents?	
	3	11(5)	If a child becomes seriously injured while in care, how and when do you contact the parent?	
	3	430-2-8(1)	Has your ownership or controlling interest changed?	

Last Updated 7/20/07